

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-033061

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 251 Primary Registration District No. 5849 Registrar's No. 202

STATE FILE NUMBER

FILED SEP 9 1963

1. PLACE OF DEATH: a. COUNTY <u>Nodaway County, Missouri</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Jefferson Township</u>		c. CITY OR TOWN <u>Conception, Missouri</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>3 Mi. E. of Conception</u>		d. STREET ADDRESS (If outside, give location) <u>3 Mi. E. of Conception</u>	
3. NAME OF DECEASED: (Type or print) First <u>Louis</u> Middle <u>A.</u> Last <u>Miller</u>		4. DATE OF DEATH Month <u>August</u> Day <u>29</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-2-1887</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	
13a. FATHER'S NAME <u>Michael Miller</u>		13b. MOTHER'S MAIDEN NAME <u>Carline Weber</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		17. INFORMANT <u>Sophia P. Miller Stanberry, Missouri</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>MYOCARDITIS</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 YEARS</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>ANEMIA</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>9:15 A M</u> a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Conception, Missouri</u>	
21. I attended the deceased from <u>1960</u> to <u>Aug 29-1963</u> and last saw him alive on <u>Aug 27-1963</u> Death occurred at <u>9:15 A M</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <u>8-30-63</u>	
22a. SIGNATURE (Degree or title) <u>R. J. Milligan M.D.</u>		22b. ADDRESS <u>Stanberry Mo</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8-31-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Columba Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Conception, Missouri</u>
24. FUNERAL DIRECTOR <u>Johnson Funeral Home Stanberry, Mo.</u>		25. DATE REC'D BY LOCAL REG. <u>9-2-63</u>	26. REGISTRAR'S SIGNATURE <u>Bess Holt</u>

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by Charles Dean Allee, Student Embalmer No. 671

working under my personal supervision.

Student Charles Dean Allen
Signature of Student Embalmer

Signed Ross E. Johnson

Licensed Embalmer No. 4948

P. O. Address Stanberry, Inc

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.